



Skagit County Auditor 1/10/2017 Page

1 of

\$73.00 1 9:00AM

UCC FINANCING STATEMENT

	WINSTRUCTIONS		
A. NAM	E & PHONE OF CONTACT AT	FILER (optional)	
Dia	na Norberg	(509) 327-9634	'
B. E-M	AL CONTACT AT FILES (Contion		
dia	nan@upfservice	s.com	
	D ACKNOWLEDGMENT TO:		
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llυ	PF Services		!
		au Parkway, Ste 100	
l '	27 TO L. MINADE	au Maikway, Sie 100	
S	pokane Valley, ^y	WA 99216	
		A STATE OF THE STA	[]

Diana Norberg) (509) 327-	9634			
B. E-MAIL CONTACT AT FILER (optional)				
dianan@upfservices.com c. SEND ACKNOWLEDGMEND TO: (Name and Address)				
C. SEND ACTIVOVEED GRACE TO STRAIN AND ADDRESS (_, I			
UPF Services	!			
12410 E. Mirabeau Parkway, Ste 1	00			
Spokane Valley, VVA 99216	"			
I I	l [
			SPACE IS FOR FILING OFFIC	_
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use expense will not fit in line 1b, leave all of item 1 blank, creck here			· · · · · · · · · · · · · · · · · · ·	
1a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	or the Financing Otelesport Today	
OR .1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(S)/IN	NTIAL(S) SUFFIX
SMITH	DONALD		P	:
1c MAILING ADDRESS	CITY	TTO	STATE POSTAL CODE	
14037 DONNELL RD	ANACOR		WA 98221	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex- name will not fit in line 2b, leave all of item 2 blank, check herean				
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	PIRST PERSONA	NAME	ADDITIONAL NAME(S)/IN	NTIAL(S) SUFFIX
SMITH	DIANE		M	
2c. MAILING ADDRESS 14037 DONNELL RD	CITY	TEO	STATE POSTAL CODE	
	ANACOR		WA 98221	USA
 SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of AS ORGANIZATION'S NAME 	SSIGNOR SECURED PARTY)	Provide only <u>one</u> sec	cured party name (3a or 3b)	
Puget Sound Cooperative Credit U	Inion			
OR 35. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(S)/IN	NITIAL(S) SUFFIX
				<u> </u>
3c MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	STATE POSTAL CODE	
600 108th Ave NE Suite #1035	Bellevue	il constitution of the con	₹WA_98004	USA
4. COLLATERAL: This financing statement covers the following collat				
1 SOLECTRIA INVERTER, 9.735 KW SOLA PERTAINING TO ENERGY EFFICIENCY UI				
ROAD, ANACORTES, WA 98221 AS DOCU				
NOND, ANAGONTEO, WA 30221 AO DOGO	WILLIAN ED ON OOL	OCCOUNT LO	JAN DIODONOMIEN	11 1 Ortivi(O).
LEGAL: LOT 1, SHORT PLAT NO. PL14-03	04, APPROVED J	ANUARY 7, 20	15, RECORDED JAN	JUARY 8, 2015
UNDER AFN: 201501080038, BEING A POR	RTION OF GOVER	RNMENT LOT	1, SEC. 13, T34N, R	1E, W.M., IN
SKAGIT COUNTY, WASHINGTON.				
ABM B46645				
APN: P19317				
			1	
5. Check only if applicable and check only one box: Collateral is held	d in a Trust (see UCC1Ad, item	17 and Instructions)	being administered by a Deced	en't Personal Representativa
6a. Check only if applicable and check only one box:			6b. Check only if applicable and	check only one box
Public-Finance Transaction Manufactured-Home Trans	saction A Deblor is a T	rasmitting Utility	Agricultural Lien	Non-GCC Filing
7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consigno	r Seller/Bu	yer Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA	1 oo= #		CDA Laon #	

5. Check only if applicable and check only one	e box: Collateral is held in a Tr	rust (see UCC1Ad, item 17 and	d Instructions)	being administered by a Dece	den't Personal Representative
6a. Check only if applicable and check only on	6b. Check only if applicable an	id check <u>only</u> one box:			
Public-Finance Transaction	Manufactured-Home Transaction	A Deblor is a Trasmittir	ng Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buy	yer Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA UPF Tracking #3689706-33983	Loar	1#		SBA Loan #	